



APPLICATION FOR BUSINESS LICENSE

CITY OF YORK, S.C.
P.O. BOX 500 YORK, S.C. 29745

Phone: 803-684-2341 Fax: 803-628-0562

Calendar year: _____

Name of applicant (individual or firm) _____

Mailing Address: _____

Business Location if different from mailing address: _____

Telephone Number: _____

Fax Number: _____

FID/Retail sales; or SSN number: _____

E-mail address: _____

THIS APPLICATION IS FOR:

A new business: New: License Upgrade:

Change of ownership [existing business]: Contractor type: _____

Change in location [existing business]: SC State License Number: _____

Gross Receipts [estimate \$] _____ Contract amount: [\$] _____

Job site/location: _____

I (we) do hereby certify that the above information is true and correct. I am familiar with the penalty provisions of the City of York Code of Ordinance and the grounds for revocation of the license, including making false or fraudulent statements in this application.

Name of person responsible (Please print): _____

Signature: _____ TITLE _____ DATE: _____

FOR OFFICIAL USE ONLY			
Classification/Rate code:		ID number:	
Approved by:			
License fee:			